

AN
UNUSUAL CASE
OF
TWIN CONCEPTION AND LABOUR;
ALSO
A CASE OF BLIGHTED OVUM,
WHICH WAS RETAINED IN THE UTERUS ELEVEN MONTHS:
WITH
*Practical Observations; and Remarks on the Doctrine of
Superfoetation.*
BY JOHN POWELL, ESQ.
Midwife and Accoucheur to the Lying-in Institution, Newman Street, London.

A woman, aged thirty-three, engaged me to attend her, with her first child; she had always had favourable and speedy accouchements, and to the period of her present confinement was in good health. Feb. 26, 1820, after having had many severe pains, she sent for me: on examining per vaginam, I found the os uteri gradually dilating, but the recurrence of pains took place only at considerable intervals, I left her, and returned on my visit in the evening; a progressive advancement was observable, but the intervals betwixt the pains being still too long. I again left her, requesting to be sent for when the pains became more frequent. On the following morning, and throughout the day, the pains were violent, and produced a more dilating effect upon the os uteri, yet not so urgent as

to require my interference, except in the general management. On the 28th, at ten o'clock, A.M. she having been at this time upwards of forty-eight hours in labour, but without any distressing symptom, beyond depression of spirits, from such an unusual protraction of her sufferings; and as I considered the slow action of the uterus might be caused by over-distention; and finding the os uteri sufficiently dilated, I ruptured the membranes; a considerable, but by no means extraordinary, quantity of liquor amnii was discharged; the pains became more frequent, and in about two hours she was delivered of a fine female child: immediately after the birth of which, a violent hæmorrhage supervened; it was, however, easily restrained, on the extraction of the placenta, and on a regular pressure being made upon the uterus externally; which organ, in a short time, feeling contracted to the usual size after delivery; and having secured a compress round the abdomen; I should have left my patient as not requiring any further assistance from me, had I not been in the practice, for some years past, of introducing two or three fingers into the vagina, to ascertain if any portion of membrane be left behind, which might occasion inconvenience or foetor in the discharges; when, to my great surprise, at the extremities of my fingers, I felt a hard irregular substance enveloped in membrane, resembling the bones of a fowl, and which, upon being brought forth, proved to be a perfectly formed male foetus, the size and appearance of one about four months old: it was squeezed quite flat, but had no marks of putridity about it: of course I knew it could not have existed without a placenta, which, upon further examination, I found detached within the uterus; it was about the size and thickness of the palm of the hand; it had not the ordinary character of a placenta, having no appearance of umbilical vessels ramifying upon its surface; and instead of a loose and spongy mass, it was converted into a firm, fleshy, and somewhat tuberculated substance. The foetus measured full four inches; but I was not scrupulously particular as to its weight, or other circumstances, as I made a present of it to

an eminent obstetrical teacher and friend, supposing it would be carefully attended to; but unfortunately not having conveyed it to him in a menstruum that would preserve it, and he being exceedingly hurried at the time, it was neglected until decomposition had completely destroyed it. He regrets, equally with myself, the loss, but the facts remain; and it being the only case, I believe, upon record, where the blighted fœtus has not been expelled in a putrid state, and in which the rationale of the occurrence altogether is satisfactorily accounted for, without having recourse to the doctrine of superfœtation, which in the human female I consider next to an impossibility, except where there is a double uterus, I think the circumstance worthy of being preserved. Cases of this kind, I am aware, are alluded to by different authors, and particularly by Dr. Denman; but he does not mention having witnessed any himself, and relates only *one* in confirmation, sent to him by the lady of the late Sir Walter Farquhar, and narrated to her by the lady in whose person it occurred, viz. a friend in Jamaica. —Vide Denman's *Midwifery*, 4th edit. fol. 599. The appearances of the placenta are not mentioned by any writer with whom I am acquainted; and yet so obvious was its morbid state here, that I am only surprised it has not been noticed by others, especially as it has been dwelt upon in cases of blighted ovum of single conceptions; and as that subject is connected with, and in some degree illustrative of my theory, I shall digress a little to relate a case of that description, which occurred in my practice in the year 1818, when the disorganised mass was retained in the uterus eleven months. The patient was a young healthy woman, who was married early in March 1817, and who, until her marriage, had menstruated regularly, and continued to do so twice afterwards; it then ceased, and she had every symptom of pregnancy, with a proportionate increase of size for three months; she had then a threatening of a miscarriage, as pain in the back and loins, with a sense of bearing down, &c. for which she was bled and kept quiet: this uneasiness subsided, and she went on,

having had no discharge, menstrual or otherwise, from the time of her conception in the beginning of May 1817, until within eight or ten days of her delivery: at this period she was attacked with a slight flooding accompanied by pain, which continued with recurrences and intermissions till the 31st of March 1818, when regular uterine pains commenced, attended by the most violent and continual parturient efforts I almost ever witnessed; and from the strong indications present would doubtless have terminated in puerperal convulsions, had they not been prevented by copious depletions. At length a fleshy mass was expelled from the uterus, about the size of a four months placenta, but as much more dense in structure as in the former case, and bestudded on its internal surface with an appearance of hydatids. The woman did well; but after the expiration of a month, she discharged nearly a pint basin full of small hydatids, which continued coming away for many days; since which she has menstruated regularly, except when pregnant, and has had several children, without any of her former anomalous circumstances. The growth of the fœtus being here destroyed at an early period, it was probably very small, and escaped unobserved with the coagula, that occasionally were discharged in the week prior to the commencement of labour, as I did not see the whole that came away, not visiting her every day; however, that the substance which ultimately came from her was a placenta, was quite evident; and cases of this nature not being very uncommon, though generally terminating sooner, the facts will be readily admitted.

In the recital of these cases, I beg to state, I should not have obtruded them upon the public, had not the doctrine of superfœtation to boast of proselytes, of considerable rank in the profession, even at the present day. The few physiological and pathological observations contained in this paper, therefore, are offered as tending in a great, if not conclusive, degree, to refute that doctrine, and as more clearly elucidating the subject than has hitherto been done, by directing the at-

attention of physiologists to the state of the placenta in all such cases; for I conceive, from analogy in cases of blighted ovum of single conception, with the facts detailed in this particular narrative of twin conception, it is satisfactorily explained, how, in a case of supposed superfoetation, one child may be born healthy and of full growth, whilst the other shall have the appearance of being only partially developed; its complete evolution and maturity having been prevented by disease originating in the placental or circulatory system, yet not sufficient to destroy altogether its vitality, nor to produce that disturbance in the uterine functions necessary to its premature expulsion; and thus a woman may finally accomplish the full period of utero-gestation, without inconvenience to herself or injury to another foetus with which she is then pregnant: the diseased structure of the placenta in this instance demonstrating the fact, whilst the foetus had nothing peculiar in its appearance beyond its diminutiveness, and being pressed flat by the action of the uterus; yet from these latter circumstances *principally* it is that superfoetation has been thought probable.

In conclusion, and connected with the preceding case, I shall presume to offer some practical suggestions to the junior part of the profession, by directing *their* attention to a measure of precaution, but for which I should have been placed in a very disagreeable dilemma, by leaving my patient with a second foetus in utero; and as it actually did occur a few years ago in this metropolis to a gentleman of *first-rate talents*, and was the occasion of many unpleasant remarks by the illiterate and illiberal, I may be excused for being a little prolix thereon. Far be it from me to claim any merit for my discovery, or to utter a syllable of censure against the eminent individual alluded to; but I think it of *importance* to bring the *two cases* parallel, as I believe they were *exactly similar* (i. e. as in my case, the uterus had contracted to the usual size after delivery, and there was no hemorrhage nor other symptom to demand attention): any gentleman under such circumstances would ordinarily leave his patient, satisfied

he had performed every thing required; and I should have felt equally so, had not, as I before stated, my experience of late years, induced me always to introduce two or three fingers into *the vagina*, in order to make an examination for the purpose of removing any portion of membrane, &c. which may accidentally have been torn off in withdrawing the placenta; having, in more instances than one, known the retention of a portion of membrane produce, and keep up for many days, excessive irritation and pain, with a considerably increased flow and fœtor of the lochial discharges; and although it is well known the fetid discharge, vulgarly called by nurses “the green waters,” is not usually dependent on such occurrence, yet it cannot fail to be greatly augmented by it; added to which, the health and sufferings of the individual will be proportionate: I would, therefore, suggest to the young practitioner in midwifery, the propriety of removing the placenta and membranes very cautiously, that the *whole* may be brought away *entire*; and prior to his quitting the bedside of his patient, to satisfy himself by a delicate and gentle examination as above directed, that no portions of membrane be left behind; for, however he may feel disposed to slight such admonition, I can confidently assure him, if he neglects it, he will occasionally meet with cases that will mortify him, if not tarnish his reputation; and should he not possess that high character, professionally and publicly, the gentleman before alluded to most deservedly enjoyed, the result to his future prospects may be very injurious. As an additional weight to these remarks, I hope I may not be considered unnecessarily tedious in stating, that I was called to a case the other day, where a gentleman not greatly experienced in the practice of midwifery, in hastily withdrawing the placenta, and probably not attending to the *different axes* of the pelvis, &c. had produced a cord-like tension of the membranes, in consequence of their being grasped by the uterus, which induced him to suppose it was the umbilical cord of another fœtus, and absolutely to put a ligature round the same, and divide it: thus leaving the de-

ched portions retracted within the uterus. He very candidly stated what he had done, and it was easily remedied; and I merely mention the occurrence as further evidence of the attention necessary to be observed even in the performance of so simple an operation as removing, from the uterus and vagina, an unattached placenta.

1, KEPPEL STREET, BEDFORD SQUARE,
January 1823.

